

ORDER YOUR TICKETS TODAY!

CONTRIBUTING MEMBERSHIPS

MAKE A TAX-DEDUCTIBLE DIFFERENCE

Show your pride in the Salisbury-Rowan community and support the Symphony's superb concerts and outstanding educational programs by becoming a contributing member. Contributing members are listed in our programs and receive our newsletter prior to each symphony concert.

CONTRIBUTOR CATEGORIES

- ☐ CONCERT SPONSOR..... \$2,500 & over
☐ CONDUCTOR'S CIRCLE..... \$2,000 - 2,499
☐ CHAIR SPONSOR..... \$1,000 - 1,999
☐ BENEFACTOR..... \$500 - 999
☐ SUSTAINER..... \$300 - 499
☐ PATRON..... \$200 - 299
☐ DONOR..... \$125 - 199
☐ I work for a matching gift company and am enclosing the necessary forms.

CONTRIBUTOR MEMBERSHIP AMOUNT (Total enclosed) \$ _____

Please indicate the number of tickets you would like to receive in subscription area below.

To compute the amount of your tax-deductible contribution, subtract the cost of tickets from the amount of your contributor membership.

SEASON TICKET ORDER FORM

Season tickets provide a significant savings over the cost of our already low individual ticket costs. Savings range from 16% to 38%. Season ticket holders also receive our newsletter prior to each symphony concert.

ALL FIVE SUBSCRIPTION CONCERTS

	No. of Tickets		Total
Adult (ages 19-59)	_____	@ \$45	\$ _____
Senior (ages 60 - up)	_____	@ \$37	\$ _____
Student (ages 13 - 18)	_____	@ \$17	\$ _____

(Children 12 or under purchase tickets at the door for \$1.00 per concert.)

Family _____ @ \$100 \$ _____
(Family membership includes two adult and two student tickets.)

ANY FOUR SUBSCRIPTION CONCERTS

Adult (ages 19-59)	_____	@ \$40	\$ _____
Senior (ages 60 - up)	_____	@ \$32	\$ _____

TOTAL COST OF TICKETS \$ _____

Tickets will be mailed upon receipt of your order and payment.

Name _____
If you are a contributing member, please list your name(s) as you would like it (them) in the program.

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____

☐ Enclosed is my check.

☐ Please charge my credit card:

☐ Visa ☐ MasterCard Acct# _____

Expiration Date _____

Name of Cardholder _____

Make check payable to: Salisbury-Rowan Symphony Society

Mail check with this form to: Memberships, Salisbury-Rowan Symphony Society, P.O. Box 4264, Salisbury, NC 28145-4264